



Pre-Employment Transition Services Consent & Information Release

Note to Parent or Guardian: Your signature on this form gives permission for Nebraska VR staff to receive education records and information regarding the student named below from the school named below to determine if he or she is eligible to receive pre-employment transition services from VR. VR is a joint state and federally funded program of the Nebraska Department of Education and works in cooperation with Nebraska high schools. There is no cost to you for the services your child or dependent may receive from Nebraska VR staff. We look forward to working with your student and hope to have an opportunity to talk to you in the near future.

Student name:		NSSRS (School) ID #:		Grade:	Expected graduation date:
School:		School contact name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Home phone:	Student phone:	Student email:		Best time to contact student:	Please indicate the best way to contact student: <input type="checkbox"/> Email <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Text
Student address:	City:	ZIP:			
If you are a high school student, please check if you have either a: <input type="checkbox"/> 504 Plan or <input type="checkbox"/> IEP (Individualized Education Program)	Describe your disability or work limitations:		Are you (pick one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Black or African American		Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent, guardian, or legal representative name:	Signator phone: Work _____ Home _____ Cell _____	
Parent, guardian or representative address (if different than student):	City:	ZIP:
Parent, guardian or representative email address:	Please indicate the best way to contact you: <input type="checkbox"/> Email <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Text	
Who, besides the parent/guardian, would always know the student's address and phone number?		

I give VR permission to help my student plan for the future. This may include help to:

- Participate in Job Exploration Activities.
- Learn habits, attitudes, and behaviors for work.
- Learn skills for adult living.
- Take part in community work experiences.
- Learn about his or her strengths, abilities, and capabilities for work and adult living.
- Identify goals for work and adult living.
- Explore post-secondary training options.

I give the above school permission to release and allow electronic access to all records about my child to VR, including but not limited to:

- School Multidisciplinary Team Report.
- Individual Education Program (IEP).
- Psychological Evaluations and reports.
- 504 Accommodation Plan.
- Work experience information and records.
- School cumulative grade records, including standardized test results.
- School grades and progress reports.
- Career exploration information.

I hereby attest that my responses and the information provided on this form for services are true, complete, and accurate. I give my consent for Nebraska VR to exchange information with authorized school staff and/or authorized non-school personnel, such as mentors and Assistive Technology specialists, and Educational Service Unit staff. In addition VR can exchange information with the following persons, programs, or agencies serving my child:

Nebraska VR will not re-release the education records it receives from the above named school to any other person, program, or agency without my written consent unless it is required by law. I may end this consent at any time by providing VR a signed and dated statement to that effect. In any event, it will end one year from the date my child no longer receives VR services.

X Parent, guardian, or legal representative	Date	Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Guardian <input type="checkbox"/> Professional Caregiver <input type="checkbox"/> Other, please specify _____
X Student	Date	X Nebraska VR Date